

The HOTTEST
volleyball game going!!



Niagara SPIKES!!

Boys and Girls
Grade 5 & 6

SPIKES will be run by a *talented staff including:*

- ★ Director Beth Schulz ***** Niagara Rapids President and Head Coach *****
***** Eden High School – Head Coach Junior boys & girls***
- ★
- ★ Assistant coaches from the Niagara Rapids //Eden High School programs

You'll want to be a part of this program when you find out *what each participant will receive!*

- ★ 10 weeks - 1 ¼ hour sessions – for youth at ALL skill levels.
Beginners and experienced players are welcome
- ★ A very cool Spikes T-Shirt and 'Serve for Stuff' prizes!!
- ★ Skill development and game competition!!

We are pleased to be able to offer this program for
\$130.00

Limited space available – register today!

SPIKES Volleyball has been developed by Ontario Volleyball.
Beth Schulz is authorized to deliver the SPIKES Volleyball program in the Niagara Region



experience THIS!

Program Information: SPIKES Volleyball

Location : Jeanne Sauve (91 Bunting Rd., St. Catharines)

When: Tuesday nights

Time: 7:15 – 8:30

Program Start Date:

Tuesday, November 7th, 2017
for 10 weeks

Questions?

Email Beth Schulz : schulzy2@sympatico.ca

How to Register:

Cheque payable to Niagara Spikes(\$130.00)

Fill out this form, and mail cheque to:

Niagara SPIKES

8 Eastfield Court,

St. Catharines, Ont.

L2M 6V1



Fall Spikes Registration Form

Name: _____ Gender : Male Female _____

I would like to play with _____

Parent/Guardian Name: _____

Parent's E-mail: _____

Parent/Guardian Phone: _____

Medical Concerns: _____

Personal Information & Photo Release, Waiver and Indemnification: I understand Ontario Volleyball (OVA) gathers personal information about each of its participants, including name, address, email, telephone number, gender and date of birth. This information is used for the purpose of communications from OVA with regard to OVA programs, events, promotions, and sponsorships. The information is also used by Volleyball Canada for annual registration and membership demographics. OVA requests medical and emergency contact information to use in case of a medical emergency.

I understand that Ontario Volleyball has the right to take photographs, videotape, or digital recordings of me at its programs, to be used in any and all media. I am aware that by giving consent, I am permitting my name and image to be posted on the OVA website, provided to media, and used in publications, which can be viewed by anyone who accesses the OVA website, external media, or publications. I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting the OVA Privacy Officer (privacy@ontariovolleyball.org).

Upon acceptance as a participant of Ontario Volleyball, I agree to abide by the rules and procedures of the OVA as approved through the By-Laws, Rules and Regulations of the OVA. As a participant of the OVA I shall uphold the high standards of the OVA and shall never do anything to damage the reputation of the OVA. I understand and agree that the OVA and/or any of its coaches, program coordinators, officials, affiliates, or sponsors are not responsible for any injury, damage or loss resulting from my accident from known or unknown conditions howsoever caused. I also understand and agree that any violation of this contract may result in the immediate termination of my participation.

Parent/Guardian Signature: _____ Date: _____



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